

Water Billing Change of Address Form

MAIL TO: CITY OF TROY WATER DEPT
4693 ROCHESTER, TROY MI 48085
FAX TO: 248 524-3520

(Please print information)

- 1) Send the water bill for the property at:

_____ street address

To: Name: _____
Address: _____

Signature: _____
Phone #: _____
Date: _____

---OR---

- 2) Remove billing name and address from the property at:

_____ street address

Name: _____
Phone #: _____
Date: _____

COMPLETED BY: _____
initials

DATE: _____